

Please type a plus sign (+) inside the box.

UTILITY
PATENT APPLICATION
TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

ORT-1483

First Inventor

GRANT, Elfrida R.

Title

2-PYRIDINAMINE COMPOSITIONS AND RELATED METHODS

Express Mail Label No.

EL710607369US

11036 U.S. PTO
09/922658

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 52]
(Preferred arrangement set forth below)
- Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 9]
5. ☐ Oath or Declaration [Total Pages 4]
- a. ☒ Unexecuted (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed
Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

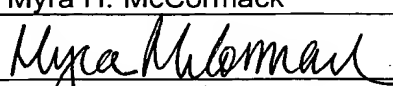
- ☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

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20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Myra H. McCormack at:
Telephone: (732) 524-6932 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Myra H. McCormack	Reg. No. 36,602
SIGNATURE		
DATE	August 6, 2001	

FEE TRANSMITTAL*Complete if Known*

Application Number	TBD
Filing Date	August 6, 2001
First Named Inventor	GRANT, Elfrida R.
Group Art Unit	
Examiner Name	
Attorney Docket Number	ORT-1483

FEE CALCULATION


CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	45 - 20 =	25	x 18.00	\$ 450.00
INDEPENDENT CLAIMS	5 - 3 =	2	x 80.00	\$ 160.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 1320.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/ORT-1483/MHM in the amount of 1320.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1483/MHM. Three copies of this sheet are enclosed.

SUBMITTED BY:*Complete (if applicable)*

Typed or Printed Name	Myra H. McCormack	Reg. No. 36,602
Signature		Deposit Account No. 10-0750
Date: August 6, 2001		

